

# PROJECT 10073 RECORD

1. DATE - TIME GROUP 16 Dec 66	2. LOCATION Kettering, Ohio
3. SOURCE Civilian	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 15 minutes	11. BRIEF SUMMARY AND ANALYSIS SEE CASE
6. TYPE OF OBSERVATION Ground Visual	
7. COURSE East	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



*Duty Officer*

# U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

16 Dec 66  
Day Month Year

2. Time of day: \_\_\_\_\_

Hour

Minutes

(Circle One):

A.M.

or

P.M.

3. Time Zone:

(Circle One):

- a. Eastern
- b. Central
- c. Mountain
- d. Pacific
- e. Other \_\_\_\_\_

(Circle One):

- a. Daylight Saving
- b. Standard

4. Where were you when you saw the object?

Kettering Ohio  
Nearest Postal Address

City or Town

State or County

5. How long was object in sight? (Total Duration)

Hours

Minutes

Seconds

- a. Certain
- b. Fairly certain

- c. Not very sure
- d. Just a guess

*15 minutes ago still in sight*

5.1 How was time in sight determined? \_\_\_\_\_

5.2 Was object in sight continuously? Yes \_\_\_\_\_ No \_\_\_\_\_

6. What was the condition of the sky?

DAY

- a. Bright
- b. Cloudy

NIGHT

- a. Bright
- b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One):

- a. In front of you
- b. In back of you
- c. To your right

- d. To your left
- e. Overhead
- f. Don't remember



8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- ☒ a. None
- ☐ b. A few
- ☐ c. Many
- ☐ d. Don't remember

8.2 MOON (Circle One):

- ☐ a. Bright moonlight
- ☐ b. Dull moonlight
- ☒ c. No moonlight - pitch dark
- ☐ d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- ☐ a. Clear sky
- ☐ b. Hazy
- ☐ c. Scattered clouds
- ☐ d. Thick or heavy clouds

WEATHER (Circle One):

- ☒ a. Dry
- ☐ b. Fog, mist, or light rain
- ☐ c. Moderate or heavy rain
- ☐ d. Snow
- ☐ e. Don't remember

10. The object appeared: (Circle One).

- ☐ a. Solid
- ☐ b. Transparent
- ☐ c. Vapor
- ☒ d. As a light
- ☐ e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- ☒ a. Brighter
- ☐ b. Dimmer
- ☐ c. About the same
- ☐ d. Don't know

11.1 Compare brightness to some common object:

*just duller than a street light*

12. The edges of the object were:

- (Circle One):
- ☐ a. Fuzzy or blurred
  - ☐ b. Like a bright star
  - ☒ c. Sharply outlined
  - ☐ d. Don't remember

e. Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Did the object:

(Circle One for each question)

- |   |                                      |                                     |            |
|---|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time?           | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | Don't know |
| b. Suddenly speed up and rush away at any time? | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | Don't know |
| c. Break up into parts or explode?              | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | Don't know |
| d. Give off smoke?                              | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | Don't know |
| e. Change brightness?                           | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | Don't know |
| f. Change shape?                                | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | Don't know |
| g. Flash or flicker?                            | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | Don't know |
| h. Disappear and reappear?                      | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | Don't know |



14. Did the object disappear while you were watching it? If so, how?

*NO*

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

it moved behind:

☒

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

in front of:

☒

17. Tell in a few words the following things about the object:

a. Sound *none heard*

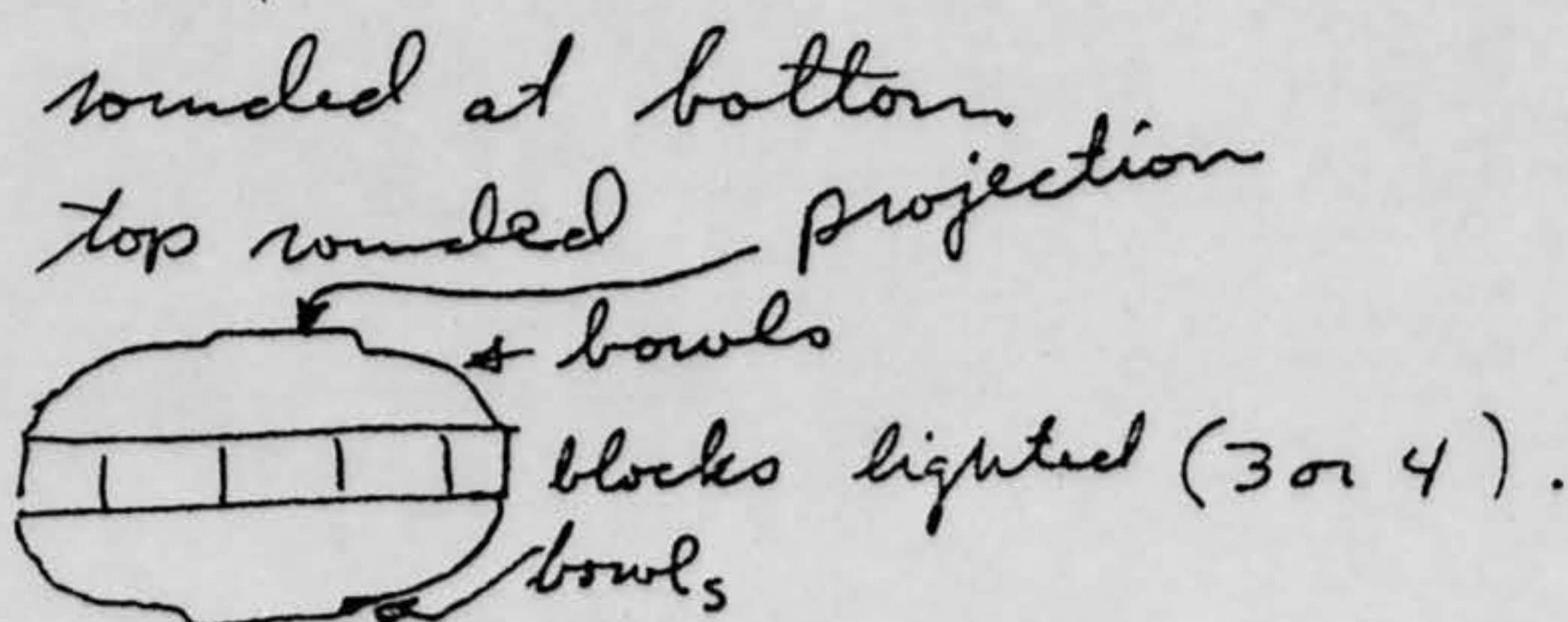
b. Color *white red lights around*

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

*the object is hidden by match head, but glow is vis. around the head -*

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.



*object remained in sight for some time climbing slowly.*



20. Do you think you can estimate the speed of the object?

(Circle One)

☒ Yes

☐ No

IF you answered YES, then what speed would you estimate? very slow less than walking speed

21. Do you think you can estimate how far away from you the object was?

(Circle One)

☐ Yes

☒ No

IF you answered YES, then how far away would you say it was? \_\_\_\_\_

22. Where were you located when you saw the object?  
(Circle One):

☒ a. Inside a building

☐ b. In a car

☐ c. Outdoors

☐ d. In an airplane (type)

☐ e. At sea

☐ f. Other \_\_\_\_\_

23. Were you (Circle One)

☐ a. In the business section of a city?

☒ b. In the residential section of a city?

☐ c. In open countryside?

☐ d. Near an airfield?

☐ e. Flying over a city?

☐ f. Flying over open country?

☐ g. Other \_\_\_\_\_

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

☐ a. North

☐ c. East

☐ e. South

☐ g. West

☐ b. Northeast

☐ d. Southeast

☐ f. Southwest

☐ h. Northwest

24.2 How fast were you moving? \_\_\_\_\_ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

☐ Yes

☐ No

25. Did you observe the object through any of the following?

☐ a. Eyeglasses

☒ Yes

☐ No

☒ e. Binoculars

☐ Yes

☐ No

☐ b. Sun glasses

☐ Yes

☐ No

☐ f. Telescope

☐ Yes

☐ No

☐ c. Windshield

☐ Yes

☐ No

☐ g. Theodolite

☐ Yes

☐ No

☐ d. Window glass

☒ Yes

☐ No

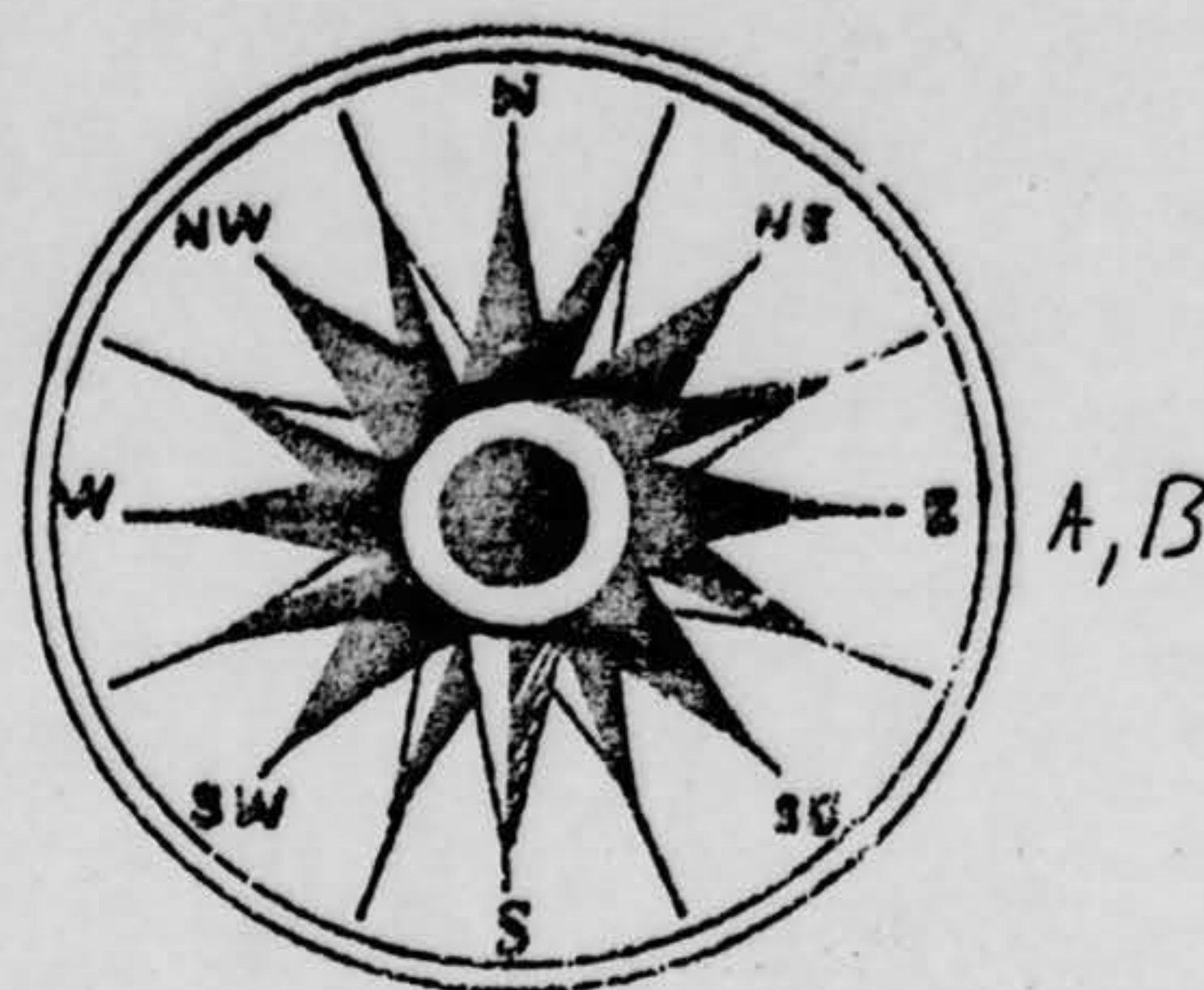
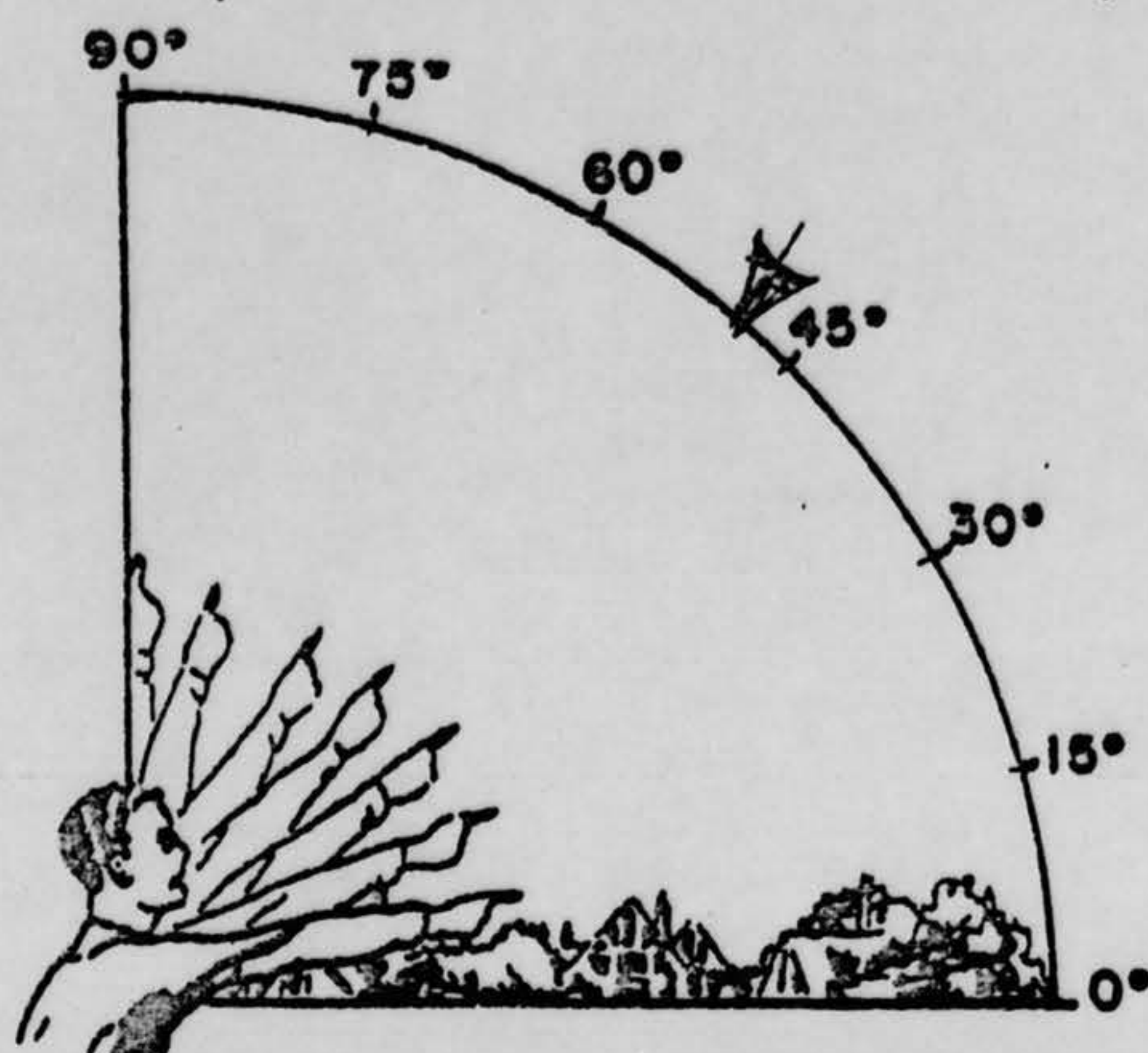
☐ h. Other with the naked eye  
outside.

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw

hat with wide brim and low crown



27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

29. IF there was MORE THAN ONE object, then how many were there? one object  
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.



30. Have you ever seen this, or a similar object before. If so give date or dates and location.

*in a magazine Dec issue of Post but not red, object was white*

31. Was anyone else with you at the time you saw the object? (Circle One)

☒ Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

☒ Yes

No

31.2 Please list their names and addresses:

[REDACTED]

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

SEX

Indicate any additional information about yourself, including any special experience, which might be pertinent.

*reads a lot about aircraft - this does not look like any aircraft*

33. When and to whom did you report that you had seen the object?

Day

Month

Year



**TDET/UFO**

21 December 1966

UFO Observation, 16 December 1966

Kettering, Ohio

1. Reference your unidentified observation of 16 December 1966 which you reported to the Duty Officer ~~at~~ Wright-Patterson AFB. The information in his report was not sufficient for evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided.
2. We wish to thank you for reporting your observation to the Air Force.

LOUIS DeGOES, Colonel, USAF  
Director of Technology and Subsystems

1 Atch  
FTD Form 164 w/envelope